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"*NEC TENUI PENNA.*"

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EDITORS.

## THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The meeting of the American Medical Association which was held last week in New York City is characterized in every account as immense. The meetings of the Association are always successful; but traveling as it does from year to year through so many degrees of longitude and latitude, and shifting its relation to the professional populations of the country, it must perforce vary greatly in the numbers of its attendance. The list goes highest of all this year, we believe, as it should do in the metropolis, and will probably reach twelve hundred or more. Every thing was on a large scale. The general reception given the Association at the Academy of Music was immense even for New York, and the entertainments at the Academy of Medicine presided over by Drs. Barker and Thomas, the theatrical performances prepared by several of the wholesale druggists, and the boat ride through and about the bay which was given by the Messrs. Wm. Wood & Co., together with the innumerable private entertainments by members of the profession, attested the princely hospitality of New York. Our representatives at the great medical festival have indeed been so filled with enthusiasm that they have not as yet digested facts down to strict coherence.

Papers were presented in abundance—too much, in fact—one hundred and eighty-four having been placed in the hands of the committee; so that it was impossible for a great

majority to be read other than by title. The address of the president, Dr. Lewis A. Sayre, was an excellent production, and highly characteristic of its distinguished author. It makes no attempt at rhetoric, but is direct and practical throughout, and so interesting and instructive that one comes to its end with regret.

Discussing the progress of American medicine, Dr. Sayre alludes to the great discoveries of anesthesia, ovariotomy, lithoplaxy, and the advances made in the treatment of joint-diseases as among the most important in the history of medicine. Another section of the address is taken up in advocating the metric system; but the most important matter it contains is the discussion of a new plan for publishing the transactions of the Association. This is so well put by Prof. Sayre that we publish a full extract elsewhere. It was gratifying to see that a resolution of sympathy to Prof. Sayre on the death of his son, introduced by Dr. Gross, was passed by a rising vote.

The usual number of societies met along with the Association—the American College Association, the Journal Association, the Surgical Association, the Laryngological Society, etc. They are upon the yearly increase, and may or may not constitute a good feature. There is one society, however, which we trust may live on while the admiration for noble deeds endures. It is formed by the survivors of that noble band who nine years ago endured the fatigues of a Pullman car, roughing it on potted meats, and reduced at times to the hardship of champagne without ice, traversed the continent to go to the meeting of the Association at San Francisco. We trust it met and

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ate this year. We have not heard as yet as to its doings.

We publish a full list of the officers elect elsewhere. It will be seen that Prof. John Hodgen, of St. Louis, is the new president, and we are sure that every reader of ours will heartily indorse the choice of the Association.

A SINGULAR accident recently occurred to a druggist in this city. He had raised a trap-door leading to a cellar, and holding it up with both hands, grasping the edge, stepped down on the stairway below. This gave way with his weight, and the door descending caught him by the wrists and held him suspended a few feet from the ground. He remained in this position several minutes, until, his cries attracting the attention of a customer, the door was raised and he was allowed to drop. He escaped with a slight scraping and some novel sensations.

AMERICAN FRATERNITY AND EQUALITY.—A New York lady, Mrs. Mary Putnam Jacobi, M. D., a near descendant of General Israel Putnam, of Revolutionary fame, the wife of Dr. Jacobi, one of New York's most prominent physicians, and herself an authority in diseases of females, was lately refused apartments at a seaside hotel near New York. The ground on which the publican declined to accommodate Mrs. Jacobi and her children was that no Jews are admitted to that hotel; and though she is of an old New England family, her husband's being a Hebrew prevented her securing shelter for herself and her little ones at the hotel of her choice.

Nowhere out of America could such an outrage as this be perpetrated, unless possibly in beastly and despotic Russia; and yet the Constitution of the United States declares that in this land of the free all men are equal. This is the second instance where tavern-keepers have been guilty of this cruel, shameful, disgraceful behavior. No race of people is coming so rapidly to the front as

the Jewish. Not only in finance, but in the professions, in politics, and in the arts and sciences they are leaders in many parts of the world. In America they are increasing with marvelous rapidity in wealth and numbers, and who knows but some day they may turn the tables on the gentiles and refuse them admittance to the better class of hotels. The women are chaste and the men brave; and if there is any advantage in blood they have it, being certainly the purest bred race in existence.

A CORRECTION.—The Medical Herald of June courteously and properly calls our attention to our failure to credit to that journal a report upon Second Attacks of Secondary Syphilis, which first appeared in its columns, and which was copied into the LOUISVILLE MEDICAL NEWS. We regret the inadvertence; and as our printers are never guilty of negligence, we must assume the fault as ours.

### Original.

#### THE IRRITABLE BLADDER IN THE FEMALE.

BY L. S. OPPENHEIMER, M. D.

By the term "irritable bladder" is meant a condition of the bladder characterized by frequent and painful micturition, sometimes by incontinence, disagreeable, heavy sensation in the organ exaggerated by walking, sexual excess, etc., there being at the same time no decided inflammatory disease present in the bladder. Such cases are exceedingly common. They are not brought to our notice oftener, because the trouble in the great majority of cases is very transitory, passing away in from one to three days without treatment. At times, however, it persists, and becomes a source of extreme annoyance and unhappiness to the patient, demanding the attention of the physician.

In some of these cases we find catarrh present; we would therefore include this in the symptomatology. In such patients the urine contains excessive quantities of mucus and bladder epithelium and some pus; the sediment is flaky and translucent and a small quantity of albumen is to be found.

Irritable bladder may be due to any of the following causes: Corporeal or cervical endometritis; displacements of the uterus; pregnancy; pelvic cellulitis and peritonitis; irritation about the rectum or anus; vaginal diseases; hysteria and other nervous derangements; excessive acidity of the urine; malaria; catarrh of urino-genital parts; urethral diseases; calculi.

Corporeal or cervical endometritis, whether acute or chronic, frequently become intensely irritating to the bladder, especially if there be any considerable forward displacement or if adhesions exist here. Dr. Goodell, in his *Lessons on Gynecology*, believes that the irritation in these cases of flexion is a nervous phenomenon, and not due to the ante flexion, which, he says, is the normal condition of the uterus. While this is true in many cases, in others I have noticed that exacerbations of the uterine trouble, from whatsoever cause, are followed by the bladder disturbances, and pressure on the upper vesico-vaginal walls elicits pain. In other words, there is tenderness in the posterior wall of the bladder; this interferes with the complete filling of the organ, giving rise to frequent and painful micturition. This condition is a very usual one for the gynecologist to encounter, and is comparatively easy to be controlled. Ergot internally, with proper local treatment, is all that is required usually.

Uterine displacements produce bladder derangements primarily by mechanical pressure. The retroverted uterus presses with its cervix against the neck of the bladder, partially occluding it; the ante flexed or anteverted uterus presses on the fundus vesicæ, and, if the displacement be extreme, produces great annoyance; the prolapsed uterus presses against the urethra, and pulls on the fundus vesicæ by means of its ligamentous connections. The treatment is obvious for this class of cases.

The state of pregnancy is a fruitful source of cystic irritation and catarrh, and sometimes active cystitis is lighted up by it. Especially is this liable to occur in the early months. In some women every pregnancy brings on a cystitis, which lasts from one to two months when properly treated. If the pregnant uterus be retroverted, retention may occur in the manner described above; then come the sequelæ of catarrh, congestion, softening of the mucous membrane, inflammation, etc., and if persistent the kidney may become involved, and albumen and tube-casts make their appearance in the urine,

usually disappearing, however, after removal of the obstruction. If catarrh or cystitis exist at the time of labor, it will be intensified by the latter. The necessity for early treatment is here plainly indicated.

Pelvic cellulitis and peritonitis give rise to that form of irritable bladder which is the most difficult to cure. Dr. A. J. C. Skene, in his admirable work on the Bladder and Urethra, says that the adhesions upon the fundus of the bladder prevent the organ from filling, thus giving rise to frequent micturition. That this frequent micturition is not due to retention is easily determined by introducing the catheter just after urination. No urine followed its introduction in two cases of pelvic peritonitis and one of cellulitis in which I made this examination. It must always be borne in mind that frequent micturition and incontinence are often indicative of retention, but the catheter readily decides the matter.

In the case of pelvic cellulitis mentioned the ante flexed uterus was wholly immovable. One month after the trouble began micturition was performed every two or three hours, causing excruciating pain each time. The urine was tinged with blood; no clots, no pus present. This condition lasted for over two months. I believe, however, it would not have lasted so long had not the patient insisted upon getting up and walking about. She was ultimately cured by weak injections of infusion of hops, penciling the upper part of the vagina with tinct. iodine, and the internal administration of opiates, quinine, and iodide of potassium.

In the cases of vaginismus that have ever come under my direct observation an irritable condition of the bladder has been present in each instance. Dr. J. Marion Sims states, in his great work on *Uterine Surgery*, that in almost every case of vaginismus he has noticed this symptom. In one case, which I had the honor to visit with Dr. S. in Paris, this symptom was well marked, and the usual operation by him was followed in a few days by decided relief of the vesical as well as the vaginal trouble. In my own cases only one was of sufficient gravity to demand operative measures. In the others forcible dilatation after the method of Dr. Tilt was found quite sufficient.

Almost all vaginal diseases may give rise to irritation of the bladder or the urethra, whether by reflex action or by the direct communication of disease.

Irritation about the rectum or anus is of common occurrence, and the evil effects that

are exerted thereby on the bladder are proportionately common. The effects of hemorrhoids, fissure, ascarides, etc. are described at length in a number of works on this subject.

I desire here to say only a few words regarding *constipation* as a cause of irritable bladder. The loaded rectum pressing against the bladder through the vagina and against the ante-flexed uterus produces a certain amount of irritation in the bladder as well as in the uterus. As soon as the bowel is unloaded, in many of these patients, incontinence of the urine or frequent micturition sets in. This is due to one of two causes—either because of the irritation of a fissured rectum (a usual condition with habitually constipated persons), or from over-distension of the sphincter ani and consequent relaxation, producing a corresponding weakness in the fibers of the sphincter vesicæ, making the latter unable to resist the pressure of the urine within the bladder. Dr. Emmet does not believe in the existence of a vesical sphincter. Sometimes the desire to urinate is so uncontrollable that the patient is unable to retain the urine long enough to reach the closet. If this condition disappears within a day or so, as it ordinarily does, of course no further notice need be taken of it. If it persists it can be readily cured by attending to the cause. When much burning accompanies the act of urinating I use a small injection of laudanum and olive oil with benefit.

Under the head of nervous derangements properly belongs vaginismus. It is here spoken of, however, as a vaginal disease. I shall not go into detail on the subject of nervous influence upon irritable bladder, but shall confine myself to a few remarks upon *hysteria*. No intelligent physician, I believe, now doubts that many ills of women which fail to be diagnosed are hurried from the practitioner's hands with the misnomer, "hysteria," where a skillful gynecologist would have applied a more comprehensible term and a surer treatment.

The word "hysteria," like the term "neuralgia," is too often used to convince the patient as well as the intelligent practitioner himself of the absence of any thing tangible. There is probably no term in modern medical technology whose definition is so obscure as that of "hysteria." "What is it?" and "Where is it?" are questions propounded to the gynecologist every day, and the answer is as profoundly enveloped in theory to-day as it was a half century since.

Only a few weeks ago a patient died in the practice of one of the ablest physicians in Kentucky with all the symptoms of so-called *hysteria*. Since then the question has been put to me a number of times, "Can a person die of hysteria?" and I confess myself at a loss how to answer the query scientifically, simply because of the erroneous application of the word itself. If we bear in mind that these same nervous phenomena may occur in the male and in the female independently of the reproductive organs, we will understand the extent of misapplication of the term *hysteria*.

Excessive acidity of the urine not uncommonly gives rise to catarrh and irritability of the bladder. Acid and effervescent drinks are usually sufficient to counteract this condition of the urine.

In one case of periodical dysuria, quinia effected a rapid and effectual cure. In another patient, however, in whom the dysuria was most troublesome on rising in the morning, nothing gave decided relief until emollient injections were made.

By *catarrh* I here refer to "catching cold." This is by no means rare among girls. Sitting on cold stones or standing in a damp place are common causes. It ordinarily disappears without medical interference. Warm hip-baths and quinine cure the severer cases.

Often enough the source of the whole trouble is situated in the urethra, whether as caruncle ulcers, specific or non-specific urethritis, etc. If due to either of the latter I have found very rapid improvement follow the application of this solution:

|                        |             |
|------------------------|-------------|
| R Chloral hydrate..... | } 55 gr. j; |
| Carbolic acid.....     |             |
| Potassium iodide.....  |             |
| Water.....             |             |

This is carefully and thoroughly applied by means of a small piece of absorbent cotton. The slight burning sensation caused by the application soon disappears. In the many cases treated by me in the Louisville City Hospital with this solution it has rarely failed to have the desired effect. For venereal ulcers or gonorrhea it is far superior to any of the applications that are usually employed in such cases. The presence of calculi is to be determined by means of the sound.

In many cases of irritable bladder, of local origin, warm, emollient injections are of decided value, especially if there be catarrh present; but I should always discountenance injections with strong solutions of whatever



nature. In referring to my note-book up to 1877, I find that it was customary to use strong injections, and I fail to see a single result that will compare favorably with my results to-day with mild injections; besides, the suffering caused patients by the strong injections was indeed great. I practice catheterization three times a day. The Skene-Goodman catheter has given me so much trouble and annoyance that I have abandoned it, preferring to use the Nelaton catheter, which the patients soon learn to introduce themselves.

In reference to catheters: I never use a hard catheter for injecting or evacuating the bladder. The soft one is pleasanter for the patient, and frequently be introduced through urethræ which will not admit of the passage of a hard instrument.

Not more than four to six ounces of fluid need be injected. It should be injected slowly and allowed to remain from one half to two minutes. If medicated injections are demanded I prefer very weak solutions of nitric acid or iodide of potassium and infusions of flaxseed, hops, or tea. All injections should be warmed to about 110° before using. Alternating daily between the medicated and emollient injections will yield far better results, as a rule, than routine applications.

Absolute quiet in the supine posture, in the severe forms of bladder disease, is one of the most essential points in the treatment, and unless this can be adhered to with the utmost strictness all other treatment is apt to be unsatisfactory.

Much more that is useful might be said of the diagnosis and treatment of irritable bladder, but the purpose of this paper was simply to bring the subject forward for more careful attention than is generally accorded it. It is a very common affection, which the physician can usually control without much difficulty. If the cause, however, be in the least obscure a thorough local examination must be insisted on. This is too apt to be neglected by the timorous physician. Modesty (?) of this character is by no means a commendable trait in the conscientious physician, and such cases should be turned over to the gynecologist without delay. As Dr. Clifton E. Wing stated in a late pamphlet, gynecology is a specialty just as ophthalmology, otology, etc. are specialties, and the general practitioner can not be expected to be as familiar with the requisites of this branch as the gynecologist proper.

SEYMOUR, IND.

## Reviews.

**Students' Aid Series.** AIDS TO CHEMISTRY, Part I: Inorganic; The Non-metallic Elements. AIDS TO CHEMISTRY, Part II: Inorganic; The Metal. AIDS TO CHEMISTRY, Part III: Organic. By C. E. ARMAND SEMPLE, B. A., M. B., Cantab., M. R. C. P., London. New York: G. P. Putnam's Sons. 1880.

**Students' Aid Series.** AIDS TO MATERIA MEDICA AND THERAPEUTICS. By C. E. ARMAND SEMPLE, B. A., M. B., Cantab., M. R. C. P., London. New York: G. P. Putnam's Sons. 1880.

**Students' Aid Series.** AIDS TO PHYSIOLOGY. By B. THOMPSON LOWNE, F.R.C.S., England. New York: G. P. Putnam's Sons. 1880.

This series of little books serves two very excellent purposes: one is to give the student preliminary instruction in these branches before taking up the more comprehensive and complicated works; the other is to aid the student in running rapidly over the main points in the various branches just before the college examinations. Each of these little books can be read through in a single night. No attempt at originality is made in any of them, except in making them as concise and useful as possible, and this object has been well attained by the various authors. Many of the books have already reached the third edition, which is of itself a sufficient testimonial of their value.

L. S. O.

**The Pharmacopeia of the British Hospital for Diseases of the Skin, London.** Great Marlborough Street (West Branch), Finsbury Square (East Branch), Newington Butts (South Branch). Second edition. BALMANN SQUIRE, M.D., London, Senior Surgeon to the Hospital. London: J. & A. Churchill. 1880.

We are indebted to the author for this publication. To the beginner in medicine, and to the practitioner who is fond of ready-made prescriptions, as some persons are of ready-made clothing, it will prove a very satisfactory work. The editor is a dermatologist of large experience and of acknowledged ability.

**Health Primers: THE SKIN AND ITS TROUBLES.** New York: D. Appleton & Co., Nos. 549 and 551 Broadway. 1879.

Quite well worth the half hour it will take to read it. Its contents are: The Structure of the Skin; The Function of the Skin; Practical Applications to the Conditions of Daily Life; Skin Troubles from Poisonous Clothing; Injudicious Use of Domestic Remedies, etc.; The Hair; The Ordinary Management of the Hair.

**A Text-Book of Physiology.** By M. FOSTER, M.A., M.D., F.R.S., Prelector in Physiology and Fellow of Trinity College, Cambridge. From the third and revised English edition, with notes and additions and two hundred and fifty-nine illustrations. By EDWARD T. REICHART, M.D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. Philadelphia: Henry C. Lea's Son & Co. 1880.

This is one of the best books on physiology that has been published, and is especially adapted to the student's wants. Three editions have appeared in rapid succession in London, and the last, just brought out by Lea's Son & Co., and edited by Dr. Reichart, of the University of Pennsylvania, is much enlarged and augmented in value by notes and illustrations added by the American editor.

**The Hypodermic Injection of Morphia.** Its History, Advantages, and Dangers, based on the Experience of Three Hundred and Sixty Physicians. By H. H. KANE, M.D., New York. New York: Chas. S. Bermingham & Co., medical-book publishers. 1880.

Dr. Kane's book is the result of long and careful work, and is thoroughly exhaustive. He tells in his three hundred pages all that is known or believed of hypodermic medication. His faith in it is vast, and those who entertain similar views constitute, probably, the majority of the profession. For our part, we only employ it where other methods are impracticable or because of some peculiarity in the case.

### Miscellany.

**PUBLICATION OF TRANSACTIONS.**—From Prof. Sayre's address:

For many years past there has been an almost annual complaint about the publishing of our transactions. Sometimes it would be that publication had cost altogether too much money; at other times that they were not issued with sufficient promptness, and the volume when received was almost useless, since all the important papers or discussions in it had already appeared months before in the various medical journals of the country.

Upon considering carefully these objections, which have been increasing every year, it would really appear as if there were some just ground of complaint; and since the matter is of very grave importance, I would respectfully suggest that the associa-

tion give it very serious consideration, and, if deemed advisable, refer the subject to some proper committee, to report whether any plan can be suggested to bring the proceedings of the association before the profession that would be better than the one now pursued. Certainly our present plan, besides being very expensive, does not give entire satisfaction; and it is very questionable whether the mode pursued by the British Medical Association, in establishing their own journal, would not be an immense improvement on our present method.

The British Journal is the exclusive property of the association; and by the liberal compensation of an accomplished editor a weekly edition is issued instead of an annual volume. Certainly this plan implies great economy; for instead of being an extensive burden, as at present, the work of publication would in a very short time be a source of direct emolument.

Any one who has attended the meetings of the British Medical Association, and who is acquainted with its journal for the last ten years, may have observed that the extraordinary growth of that association in power, wealth, influence in the profession, and influence in the state has been coincident with the development of a weekly organ of communication between the members, the property of the association, the journal of the association, and edited by a member of the profession appointed for the purpose by the council of the association. This history, as told by these gentlemen, and as any one can confirm for himself by examining the facts, is extremely instructive in establishing at least one solid base for prosperity for any similar institution, such as the American Medical Association.

Briefly to summarize the facts, it may be stated that the British Medical Association was founded forty-six years ago by Sir Chas. Hastings, a country physician, mainly for the purpose of advancing the professional interests of country physicians. Its growth was rapid, and in time it became British rather than provincial. The greatest men in England became annual presidents; its meetings were held in London, Edinburgh, and Oxford, and as a body it was highly respected. It soon appeared, however, that there was a comparatively narrow limit to its powers of extension. At each meeting considerable accessions of new members joined, but they soon fell off again. Then it was found necessary to convert the annual volume of transactions into a weekly journal.

It was noted that the provincial transactions, admirable as they were, formed a volume which did not appear for some months after the annual meeting; that such a volume was put upon the shelves, and occasionally referred to, but rarely read through; that it did not appear until the interest of the meeting had faded away, and until a good deal of the freshness had been taken off the papers by short abstracts and piecemeal reports; and that on the whole it was impossible to expect the association to spread unless means were provided for more constant intercommunication between the members, and for the more rapid publication of their contributions to medical science and the more continual discussion between the members of subjects of medical, social, and ethical interest in the intervals between the meetings.

The publication of this journal had at once a favorable influence on the fortunes of the society. The members grew from one thousand to two thousand, and the society continued to make slow and steady progress, adding definitively about thirty new members a year to its total numbers. Twelve years ago, however, upon the resignation of Dr. Markham, a new editor was appointed, Mr. Ernest Hart, who was at that time co-editor of the *Lancet*, accepting the office of editor of the *British Medical Journal* on condition that he was allowed considerably to increase the size of the *Journal* and to conduct it in a thoroughly energetic and independent manner, in such a way as to make it worthy of being the weekly organ of a powerful association. Under his direction the *Journal* was at once doubled in size. It was brought into a state of scientific and social activity, and made an organ of the most recent scientific and professional work, and its editorial departments were conducted with vigor and literary skill.

The effect upon the fortunes of the association was magical. Five hundred new members joined that year, and for each successive year since that time, from five to six hundred new members have been added to the list by the simple process of sending throughout the country, once or twice in the year, copies of the *Journal*, and forms of application for membership. The result has been that whereas for the thirty-six years that the association had existed it had only slowly crept up to about two thousand, it has, during the ten years that Mr. Ernest Hart has edited the *Journal*, risen in numbers until it now includes eight thousand

members of the profession, and, according to the statements printed in the *Journal*, it circulates another fifteen hundred copies outside of the profession. It gives forty pages of printed matter every week, so that the *Lancet* has felt itself called upon to enlarge the number of its pages in order to bring them up to its now formidable rival; but the *Journal*, by reason of the closeness of its type, still gives about one fourth more matter than its senior rival. The circulation of the *Journal* is now alleged to be some thousands more than that of the *Lancet*, and larger than that of any other medical paper in the world. Certainly the *British Medical Association* has in this way become the most powerful medical association in the world. The way in which the *Journal* has done this has been by converting all its subscribers into members of the association by a very simple process. Branches have been formed not only all over England, but throughout Scotland and Ireland; and new branches are being formed of members of the association who have emigrated to Australia and India, and still desire, by the branch organization of the association, to maintain close relationship with the profession of the mother country.

**WHAT WE SMOKE.**—The *London Journal of Applied Science* draws attention to a statement that has recently been made to the effect that in Thuringia, in Germany, over one thousand tons of dried beet-root leaves are annually passed off as genuine tobacco. Beet-root, chicory, and cabbage are largely used for a similar purpose in Magdeburg and in the Palatinate. The "Vevey" cigars, which are in such favor in South Germany, contain no tobacco at all, but are entirely composed of cabbage- and beet-leaves, deprived of their natural smell and taste by a special form of cultivation, and subsequently steeped in tobacco-water for a lengthened period.—*Boston Journal of Chemistry*.

**GLUCOSE FROM RAGS.**—The *Revue Industrielle* states that a German manufactory is turning out over a ton a day of glucose made from old linen rags. These rags, which are composed of hard vegetable fibers, are treated with sulphuric acid, which converts them into dextrine.—*Ibid*.

**DR. ROSA WELT**, a young lady of Vienna, is assistant to the chair of Ophthalmology in Bern.

OPIMUM-SMOKING IN CHINA.—Extract from British Medical Journal:

In one of the Blue Books recently published, containing the commercial reports of Her Majesty's consuls abroad, some very interesting remarks are made by Mr. Gardner, the consul at Chefoo, on the subject of the opium traffic between India and China, and on the effect of opium-eating upon the constitution. These latter are of so much interest to the medical profession that we are glad to be able to give a summary of what Mr. Gardner says on the subject: He observes that opium-smokers are of three classes: 1. Occasional smokers. 2. Habitual smokers, who smoke in moderation, but have not got a craving. 3. Habitual smokers, who smoke in excess, and have the craving. When it is said of a Chinaman that he smokes opium it is meant that he belongs to the third class, just as with us the expression "a man drinks" means he drinks too much. The average amount of foreign opium consumed in China is about twelve millions pounds per annum; probably five millions pounds more of native opium are produced. In smoking, only a portion of the opium is consumed. The ash is reprepared and yields fifty per cent of opium. Deducting the unconsumed opium, few moderate smokers consume more than one pound and a half a year, while occasional smokers do not consume more than an ounce or so. The most immoderate smoker does not consume more than four pounds, and it would be about correct to reckon half a pound as the average annual consumption of all classes of smokers. This would make the smokers half the adult population.

The question arises, If opium-smoking be the great evil it is represented, how is it that after so many years no inherited ill effects are visible? In China the population live almost entirely on vegetables. According to Mr. Gardner, opium-smoking renders the processes of digestion slow, and consequently is highly beneficial. Again, the Chinese live in undrained grounds and in conditions favorable to ague and low types of fever. Under similar circumstances the inhabitants of the lowlands of Lincolnshire took to laudanum, and it is not, therefore, surprising that Chinese should take to opium in another form. "Every resident in China is struck with the comparative immunity of the population from diseases of the bronchial tubes and lungs. That this immunity is not due to climatic influences is clearly proved by the fact that Europeans and Amer-

icans are not more free from the scourge here than they are in their own countries. Morphia is known to be an anesthetic. It is probably also, in the rarefied form of smoke, an antiseptic. In this form its action would tend to arrest the suppuration of the lungs that takes place in consumption.

"The effect of bad habits often brings on a tendency to consumption, acquired personally or inherited. Early marriages in China cause bad habits to be less rife there than in England or America. Now, a fair test of the above theories would be supplied by a class of natives who married late and were debarred from opium-smoking. The Protestant Christians supply this test exactly. No opium smokers are allowed the privilege of members of the church, and early marriages among the latter are greatly discouraged. The out-door games and occupations, which impart a healthy tone to the minds and bodies of our youths of both sexes, are not availed of by the Chinese. Bad habits would consequently be more prevalent among those that married late, and the result is precisely what might be expected. An enormous percentage of the deaths of native Protestant Christians is due to consumption."

During Mr. Gardner's residence in China he has spent much time in visiting the opium-shops of the large towns and small villages in many parts of the empire, and in conversation with the customers he was surprised at the large number who told him that their first motive for smoking was to check the spitting of blood, to which they had become subject. "At the end of 1865, being attacked with a severe fever, which left him so weak that he gave up hope of recovery, he felt justified in trying upon himself the experiment of immoderate opium-smoking. The following were the results: 1. Temptation to excess greater than in the case of alcohol. 2. Excessive stimulation of the memory. 3. Utter indifference to cares and anxieties. 4. He only had one opium vision, and that was after ten hours' hard smoking, without intermission. 5. A few months' excessive smoking produced the craving, or opiomania. 6. He suddenly gave up the habit, and suffered severe physical pain for three days, and discomfort recurring at irregular periods for over two years. The pain and discomfort were not accompanied by mental depression. Some of these effects may have been due to individual idiosyncrasies, but, from the study of his own and other cases, Mr. Gardner is



inclined to believe that the temptation to excess is greater in the case of opium than in that of alcohol. But here he remarks that opium-smoking is necessarily a solitary enjoyment and drinking a social one, and that a man can not, therefore, be surprised into an excess of opium as he can into an excess of alcohol. It is possible that a long-continued course of excessive opium-smoking might impair the intellectual faculties and blunt the moral sensibilities. It is probable that excessive smoking impairs fertility, but the numerous cases Mr. Gardner has known of immoderate smokers having large families does not confirm this view. It is undeniable that many families are reduced from comfort to penury by their bread-winners spending an undue portion of their earnings in opium; also that in a few isolated cases poor smokers resort to theft to enable them to indulge in the pleasure, but the same may be said of any other habit of self-indulgence. That many individuals suffer in health from excess is incontrovertible, but the number of these is not so great as is imagined. On the other hand, it is equally incontrovertible that thousands of hard-working people are indebted to opium-smoking for the continuance of lives agreeable to themselves and useful to society. The physical difficulty in breaking off the habit is greater and the moral difficulty less in opiomania than in dipsomania. The argument that those who use a commodity as a medicine and harmless luxury should not be deprived of it because weaker brethren abuse, Mr. Gardner thinks, is stronger in the case of opium than in that of alcohol. No one is maddened by smoking opium to crimes of violence, nor does the habit of smoking increase the criminal returns or swell the number of prison inmates.

It will be observed from these remarks that Mr. Gardner does not consider the habit of opium-smoking as so baneful a vice as it is commonly regarded. As to the morality of India's deriving a considerable part of her revenue from the trade in the drug, there can be no two opinions, but it is interesting to observe that, in Mr. Gardner's opinion, the abolition of the monopoly in India would swell rather than diminish the consumption in China.

**THE FLAVOR OF MEAT.**—M. Monclar, a noted agriculturist in France, has suggested a singular plan for varying the flavor of meat. He imagines that by feeding cattle, sheep, pigs, and poultry in a particular way,

or rather by flavoring their food in various ways, their flesh may be rendered much more agreeable to the palate than it often is; and there can be no doubt that he is substantially right. Thus, for instance, it is well known that poultry which has been fattened upon food containing a slight admixture of chopped truffles are far better eating than those chickens which have been stuffed or larded with truffles after they are killed. It is only natural that such should be the case, for the flavor of the truffle that is consumed by the chicken permeates the whole system, which it can not do when simply placed in the carcass. M. Monclar instances cases in which hares killed in a wormwood field, larks shot in a cabbage-field, and eggs laid by hens that had eaten diseased silk-worms, had such a nauseous taste that no one could touch them; while on the other hand some ducks and fieldfares which had fed on sprigs of juniper had a delicious flavor. He has made several experiments—among others, three upon tame rabbits, which he fed with the waste of anise-seed, with barley and bran containing a slight flavoring of juniper, and with barley and bran containing a little essence of thyme. In each case he found that the flesh of these animals was far better eating than that of rabbits fattened in the ordinary way, and yet that there was no trace of anise-seed or juniper in the taste. His conclusion is that cattle, sheep, and pigs might be fed in the same way, and that by varying the flavoring matter the beef, mutton, and pork might be made to have several different tastes.—*Sanitarian.*

[The miserable flavor of swill-fattened beef, the fishy flavor of hogs that have fed on fish, and the same flavor in the eggs of many water-fowls are demonstrations of the above. The delicacy of the canvas-back duck is due to its wild-celery food, and onions give their flavor to fowls' flesh as they do to cow's milk.—*Eds.*]

We quote, among the cinchona products of Keasbey & Mattison's works, sulphate of quinine, \$2.85 per ounce; sulphate of quinidia, \$1.75 per ounce; dextro-quinine, \$1.50 per ounce; calisayaine, \$1.25 per ounce; sulphate cinchonidia, \$1 per ounce; cinchona febrifuge, seventy-five cents per ounce; sulphate cinchonina, thirty-three cents per ounce.—*Monthly Review of Med. and Pharm.*

If health without wealth is worth little, wealth without health is worth nothing.—*Dr. Johnson.*

# OFFICERS ELECT OF THE AMERICAN MEDICAL ASSOCIATION FOR NEXT YEAR:

*President*—John T. Hodgen, of St. Louis.  
*Vice-presidents*—First, W. H. Anderson, of Mobile; second, L. G. Hill, of New Hampshire; third, Henry T. Holton, of Vermont; fourth, H. Carpenter, of Oregon.

*Permanent Secretary*—W. B. Atkinson, of Philadelphia.

*Treasurer*—R. Duglison, of Philadelphia.

*Librarian*—William Lee, of Washington.

*Chairman of the Section on Practice of Medicine, Materia Medica, and Physiology*—Charles Dennison, of Colorado.

*Secretary*—T. A. Ashby, of Maryland.

*Chairman of the Section on Surgery and Anatomy*—H. McGuire, of Richmond.

*Secretary*—D. A. Eve, of Tennessee.

*Chairman of the Section on Obstetrics and Diseases of Women*—James R. Chadwick, of Boston.

*Secretary*—J. Taber Johnson, of Washington.

*Chairman of the Section on Medical Jurisprudence and State Medicine*—J. T. Reeve, of Wisconsin.

*Secretary*—R. G. Young, of Arkansas.

*Chairman of the Section on Ophthalmology, Otolary, and Laryngology*—D. S. Reynolds, of Louisville.

*Secretary*—S. M. Burnett, of Washington.

*Members of the Judicial Council, to Fill Vacancies*—J. K. Bartlett, of Wisconsin; F. Staples, of Minnesota; D. R. Wallace, of Texas; J. S. Billings, of United States Army; J. H. Warren, of Massachusetts; and A. T. Woodward, of Vermont.

The committee recommended that the next meeting of the association be held in the city of Richmond on the first Tuesday in May, 1881.

*Chairman of Committee of Arrangements*—F. D. Cunningham, of Richmond.

The committee further recommended that the Committee on Necrology and the membership of the Section on Medical Jurisprudence, State Medicine, and Public Hygiene remain as now constituted. The report was adopted unanimously.

THE perils of the ship, as judged by some recent occurrences, stand in pretty much the same relation to the hopes of emigrants to America as do the public-school buildings throughout the country to education. Both are fraught with terrible risks to life; both are constructed with more regard to the conveniences of packing the largest number in the smallest space than to any care of individuals with regard to health. The chief difference is that in the ship the constant restraint, day and night, for a week or so, seals the evidence by death in numerous cases in the face of the perpetrator's agents, while in the school the subjects usually go home to die. In both there are long lines of descent, and for every death traceable by immediate relations to the overcrowded ship or school, there are doubtless ten or more whose fate is no less certainly sealed by the same relations, although protracted, it may

be, by years of intermediate physical suffering; and finally in both there is eminent necessity for state, national, and international interference for the protection of human life. —*Sanitarian.*

**COCA IN THE OPIUM-HABIT.**—Since the publication in these columns of Professor Palmer's article on coca as an antidote to opium-eating, the demand all over the country for the coca has been so great as to put the drug-houses to their best efforts to fill orders. Professor Palmer is daily in receipt of letters asking how the remedy is to be used. He asks us to publish the following: "Coca is to be used as a *substitute* for the opium. It is therefore to be taken as freely as the cravings of the system for opium may demand—tablespoonful doses of the fluid extract several times a day, more or less, as needed. The 'break-off' is to be made at once and for all, and coca is the staff upon which the sufferer is to throw his whole weight." He also asks that patients and physicians will send reports of results to him or to the editors of the *News*. He suggests that it is best that the drug should be given under the supervision of the family physician, so that any collateral contingencies may be met and counteracted.

WE call special attention to the following circular issued by the ancient firm of Arthur Peter & Co. While the engines were pumping on the old stock, with the energy which has characterized these people for two thirds of a century they had selected a new site for business, and, thanks to the courtesies of their neighbors, were filling orders without a break. Such enterprise could not be imitated outside this glorious climate of Kentucky:

ARTHUR PETER & COMPANY,  
 WHOLESALE DRUGGISTS AND IMPORTERS,  
 LOUISVILLE, KY., 8 A.M., June 9, 1880.

Our drug-store was discovered to be on fire at two o'clock this morning, and is still burning. Stock will be almost a total loss; fully covered by insurance. We shall at once proceed to lay in an entire new stock for cash. In the meantime, through the kindness of our neighbors we shall fill orders from their stock, so that there will be no interruption to our business.

ARTHUR PETER & CO.

IN France the normal increase of population, it is said, is being diminished at the rate of five hundred thousand every year.

It is said the German quinine is the best in the market. Is the statement true?

## Selections.

### PROGRESS IN PHARMACEUTICAL PREPARATIONS.

[CONCLUDED.]

Dr. Bennett F. Davenport publishes, in the Boston Med. and Surg. Journal, a very interesting report on this subject drawn from recent pharmaceutical and medical journals. We make the following extract:

**Sodium Ethylate.**—Sodium ethylate, a caustic alcohol, was first used in 1870. It is a white crystalline material, easily prepared by the action of metallic sodium upon absolute alcohol. This material is recommended by Dr. B. W. Richardson, of London, to be prepared for use by dissolving one part of it in one and one half of absolute alcohol, and dispensed in a bottle furnished with a glass stopper ending in a pointed glass rod, which descends nearly to the bottom of the bottle. This solution, when applied to living tissue, absorbs water, liberates soda, which acts as a caustic, and alcohol, which coagulates the tissues, and thus prevents the decomposition of the dead organic substance which is found. Used, therefore, as a caustic upon vascular growths, it reduces them to a mere dry mass. If a more concentrated solution than the above be used the caustic action is over-severe, and hemorrhage may follow.

**Perfumed Carbolic Acid.**—Perfumed carbolic acid is prepared from carbolic acid one part, oil of lemon three parts, alcohol of thirty-six degrees one hundred parts, mixed. This mixture, which appears to be quite stable, has only the odor of lemon, is what has been known as "Lebon's perfumed carbolic acid," the formula for which has long been a secret, but has now been made known in the *Moniteur Scientifique*, of Paris. The antiseptic properties are in no way affected by the oil of lemon.

**A New Disinfectant.**—A new disinfectant has been introduced in Australia composed of one part of rectified oil of turpentine and seven parts of benzine, with five drops of oil of verbena to each ounce of the mixture. Its purifying and disinfecting properties are due to the power possessed by its ingredients of generating peroxide of hydrogen or ozone. Articles of clothing, furniture, wall-paper, books, and papers may be saturated with it without damage. When it has once been freely applied to any rough or porous surface its action persists for an almost indefinite period. This may be shown readily at any time by putting a few drops of a solution of iodide of potassium on the surface which has been disinfected, when the ozone, which is being continually generated, will quickly liberate the iodine from its combination with the potassium, giving rise to a yellow discoloration, or a blue if boiled starch has been added to the iodide of potassium solution.

**Menthol and Thymol.**—Menthol, the camphor from oils of mints, such as peppermint, and thymol, the camphor from oil of thyme, with their isomeric substances from the other volatile oils, which are homologous with phenol, are becoming largely used as more agreeable antiseptics, in the form of lotions, ointments, soaps, etc., than the more common carbolic acid, the commercial form of phenol. The Chinese having long used their oil of peppermint as a local application in neuralgic affections, and the Japanese also under the name of po-ho-yo, an alcoholic solu-

tion of from one to ten per cent, scented with a little oil of cloves, has become popular in England for such purposes. A saturated solution of thymol in water, that is, a one tenth of one per cent solution, is found to be sufficiently strong for the spray during surgical operations. Milk will dissolve thymol up to about ten per cent. Ordinary camphor rubbed up with thymol will liquefy it in all proportion between two and one tenth parts of the thymol. Thymol and chloral hydrate triturated together do not liquefy each other as when ordinary camphor is used, but these three rubbed up together in equal proportions at once liquefy into a powerfully antiseptic solution, which will mix with the soft paraffin ointments in almost any proportion. Its solubility in water, however, is not much greater than that of simple thymol. These camphors, like the ordinary camphor, all dissolve readily in ethers, alcohols, and oils, both fixed and volatile.

**Ferrous Iodine.**—All previous processes proposed for preventing the alteration of ferrous iodide being more or less defective, C. Pavesi recommends the use of albumen for this purpose. Having made the ferrous iodide as is usual for the *syf. ferri iodid.* of the United States Pharmacopoeia, then for each part of iodine which has been used three parts of dry soluble egg albumen and five of mannite are added, the whole is heated to 104° F., and filtered through paper after all has dissolved. The filtrate is then evaporated to perfect dryness by gentle heat in a shallow capsule, and is preserved in glass-stopped bottles. Thus prepared, it is in brilliant, pale yellow, odorless scales, very soluble in water, and giving no reaction of free iodine on starched paper.

**Suberin**—An impalpable cork powder under the name of suberin has come into use for the treatment of chapped nipples and other like purposes. It is dusted on after first washing the nipple, and then covered with a piece of gold-beater's skin, cut star-shaped, in the center of which punctures are made with a needle. When the child is suckled the powder is washed off with water, and the skin replaced, the child drawing the milk through that without giving pain. After each nursing the powder is dusted on again, and the gold-beater's skin placed over it. It is also being used for chafing in children instead of lycopodium, being preferred on account of containing tannin, and also costing much less.

**Odorless Iodoform.**—The odor of iodoform is very much disguised by the presence of the volatile oils, such as peppermint and cloves, and also by balsam of Peru. Five to eight drops of the oil of fennel to the gram of iodoform is considered, however, to be the most effectual.

**Pyrogallie Acid.**—Ointment of pyrogallie acid is being used instead of that of chrysophanic acid in many cases with good results. Psoriasis is the disease for which it has been chiefly tried, and the most convenient strength has been found to be that of ten per cent. Most of those who have tried it—for instance, Prof. Hebra—prefer the remedy to chrysophanic acid. They find that, though its action is slower, it has the advantage over the latter in exciting scarcely any inflammation in the part to which it is applied, and in staining the skin but slightly, the brown color produced by it quickly disappearing. Hebra has never yet seen any poisonous symptoms follow its application to the skin, though in his cases it could always be detected in the urine. A case has, however, lately been reported by Dr. Neisser, where

a patient died with the symptoms of pyrogalllic-acid poisoning in the skin clinic at Breslau. One half of the body of a robust man having been covered with a chrysophanic acid, and the other half with a ten per cent pyrogalllic acid ointment, he was attacked with vomiting, and died in collapse on the fourth day. The urine was dark brown, and had a thick sediment, which consisted of a very abundant blackish brown substance, partly amorphous and partly in the form of casts, but containing no blood-cells. As the spectrum showed the characteristic bands of hemoglobin, and similar *débris* to that in the urine was found in the blood itself and in the renal tubules, there could be no doubt it consisted of disintegrated red blood corpuscles. Dr. N. explains its poisonous action by its activity for oxygen in the presence of alkalis, and the consequent destruction of the red blood corpuscles, which are the carriers of oxygen. He considers that its use had best be restricted to the head and face, while chrysophanic acid may be used upon the surfaces covered by the clothing.

**Nitro-Glycerin.**—Nitro-glycerin can be prepared for use in a solution either of alcohol or ether, a one-per-cent-solution in alcohol being that generally preferred. It being also soluble in melted cocoa butter, this has been employed for making it into pills, but in this form it does not act so quickly as in alcoholic solution. A better plan than this is to add an equal quantity of chocolate paste to this pill mass, and then make it up into lozenges of any desired size, which it would not be disagreeable to chew up in the mouth, and thus gain rapid absorption. Nitro-glycerin bids fair to prove an anti-neuralgic of the greatest value, especially in cases of angina pectoris and such other affections as nitrate of amyl has hitherto been much used in, taken at intervals of two to four hours, in doses of about two drops of the one per cent solution, and increased until full physiological action is obtained. The relaxed condition of the blood-vessels induced lasts usually about half an hour. Doses of the above strength and frequency have been continued through several consecutive days with safety and success in warding off threatening attacks of angina pectoris in cases in London hospitals.

**Restoration after the Hand is completely Separated from the Arm.**—L. L. Staton, M. D., of Tarborough, N. C., in the North Carolina Medical Journal:

On February 5, 1880, I was called to Mary Sumlin, white, aged eleven, anemic, and small for her age. While helping her mother to procure fire-wood she placed her hand in the way of an axe, and at one blow had it severed from the styloid process diagonally across the trapezium, passing through the scaphoid bone and posterior annular ligament, *dividing all the muscles, bones, and blood-vessels, and completely separating the hand from the arm*, excepting a small portion of skin, below the articulation, with the ulna. The hand was hanging at right angles to the arm when I saw her, about thirty minutes after the accident.

I determined at once upon amputation at the joint above (the wrist). Returned to my office, a distance of half a mile, to procure assistance; but finding this impracticable, I proceeded to replace the hand, which was held securely in position with silver sutures and adhesive plaster. In dressing the wound the patient

complained of pain when I used the needle in the arm, but none when it was used in the hand. I secured the hand and arm upon a broad splint, and directed that they be kept warm by being wrapped in hot flannel cloths.

I saw her twelve hours afterward. The hand was very much swollen; no sensation or pulsation could be detected, nor had she complained of any pain, but rested quietly during the night. The next day she complained of a little pain, but the hand and arm presented the same appearance as the day before. On the third day could plainly feel pulsation in the hand. It had changed its color, and I now for the first time thought it possible to save the hand. From this time she did not have a bad symptom, nor was there any suppuration. The wound healed entirely by first intention.

I removed the sutures on the fourteenth day, and afterward she carried the hand in a sling, and is now able to extend the fingers and grasp with nearly the usual strength. There is no ankylosis of the wrist-joint as I expected. I send a photograph of the hand at the time of the removal of the sutures.

**Wild Thorny Locust.**—Dr. A. Crull writes, in the Therapeutic Gazette: Have any of your readers experience with the bark of the root of the honey locust (wild thorny locust)? Two cases of gleet in this vicinity of several years' duration were cured, after other treatment had failed, by drinking a decoction of the bark of the root of the honey locust. The decoction is of a clear pale yellow color, its taste is pungent and acrid, and seems to have narcotic properties. Half an ounce of the decoction which I took caused directly giddiness, dimness of sight, a prickly sensation of the throat and tongue for several hours, and slight nausea. The evacuation of the bowels next morning was very bilious and watery, as if a dose of mercury had been taken. The root of this tree contains considerable therapeutic properties, and deserves a trial.

**An item on Poisoning by Robinia pseudacacia** (honey locust) is circulating through the medical journals, the last place in which it caught our eye being in the Philadelphia Medical Times of April 24th. The periodical named is edited by that versatile botanist and therapist, Professor H. C. Wood. The item is probably correct, except that the poisoning was not from one of the articles if it was from the other. The names represent different vegetable species. Absolute accuracy is not attainable in all things, but it is eminently desirable in scientific nomenclature when that is attempted.—*Chicago Med. Gazette.*

**Local Anesthesia with Bromide of Ethyl.**—M. Terrillon stated at the Société de Chirurgie (Med. Times and Gaz.) that he had employed the bromide of ethyl about a dozen times in operations with the thermo-cautery. In a minute or two a white patch indicating cutaneous anesthesia is produced, and on the pulverization being continued, insensibility of the tissues is produced to the depth of two centimeters. The production of the white patch is not essential, as anesthesia may exist when it is absent. The results have proved very satisfactory, but in two cases M. Terrillon did not succeed, owing, as he believes, to the pulverizers which he employed having too small a jet.—*Gaz. Méd.*